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<p>  MINISTRY OF HEALTH GOVERNMENT OF INDIA NEW DELHI </p> <p> O.I.P.E. SCANNED </p> <p> 7.6.2006 </p>	<p>PATENT DATE</p>
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APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER

APPLICANTS

TITLE

PTO-2040
12-99

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS		CLAIMS ALLOWED	
	Sheets Drawn	Figs. Drawn	Print Figs.	Total Claims
The term of this patent subsequent to _____ (date) has been disclaimed.	Assistant Examiner _____ Date _____		NOTICE OF ALLOWANCE MAILED	
The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____	Primary Examiner _____ Date _____		ISSUE FEE	
			Amount Due	Date Paid
The terminal _____ months of this patent have been disclaimed	Senior Assistant Examiner _____ Date _____		ISSUE BATCH NUMBER	
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